

DEAR "

4 19 06

CLEARLY

TO

WHOM IT MAY BE CONCERNED
THAT IST CURTIS M COLLINS

I SENT ATTORNEY GENERAL
ERIKA J. TROSS COPIES

OF MY AMENDING COMPLAINT

ALSO SHE RECEIVED COPIES FOR
EACH DEFENDANTS THAT NAMED IN
MY CASE IT WAS SENT TO

CARIS DANSBURY ATTORNEY GENERAL

AND TO ERIKA J. TROSS ID 4506
DEPT OF JUSTICE CARVEL STATE BLDG
820 NORTH FRENCH ST WILM DEL

JS 44 (Rev. 11/04)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I. (a) PLAINTIFFS

(b) County of Residence of First Listed Plaintiff Collins m Curtis
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorney's (Firm Name, Address, and Telephone Number)

PRO-SA DELAWARE CORRECTIONAL CENTER SMYRNA
Curtis m Collins DEL-19999

DEFENDANTS

County of Residence of First Listed Defendant WARDEN Kearnay Rick ET AL
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.

Attorneys (If Known)

DEPUTY ATTORNEY GENERAL
CARIS DANBURG/ERIKA TROSS

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
☐ 2 U.S. Government Defendant
☒ 3 Federal Question (U.S. Government Not a Party)
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|---------------------------------------|----------------------------|---|----------------------------|---------------------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input checked="" type="checkbox"/> 4 |
| Citizen of Another State | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

| CONTRACT | TORTS | FORFEITURE/PENALTY | BANKRUPTCY | OTHER STATUTES |
|---|--|--|---|---|
| <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input checked="" type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise | PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability | <input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other | <input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) | <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input checked="" type="checkbox"/> 950 Constitutionality of State Statutes |
| REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property | CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input checked="" type="checkbox"/> 440 Other Civil Rights | PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input checked="" type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition | LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act | FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609 |

V. ORIGIN

(Place an "X" in One Box Only)

- ☐ 1 Original Proceeding
☐ 2 Removed from State Court
☐ 3 Remanded from Appellate Court
☒ 4 Reinstated or Reopened
☐ 5 Transferred from another district (specify)
☐ 6 Multidistrict Litigation
☐ 7 Appeal to District Judge from Magistrate Judgment

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

VI. CAUSE OF ACTION

Brief description of cause:

TEMPERED MURDER EXCESSIVE USE OF FORCE ASSAULT AND BATTERY VERBAL ABUSE

VII. REQUESTED IN COMPLAINT:

☒ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMANDS
PUNITIVE DAMAGES
\$500,000.00 TOTAL DAMAGES

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

4-19-06

Curtis Collins

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

It is not the responsibility of the Court to review each document and determine whether personal information has properly been protected. Every document submitted for filing will be docketed and made publicly accessible over the Court's electronic filing system. If, after docketing, you determine that a document contains personal information that you want to treat as confidential, you must file a "Motion to Seal" with the Court, giving your reasons for your privacy concerns. If the Motion to Seal is granted, the Court will remove the electronic link to the document in question from the public docket and mark the entry "sealed". The Court may also require you to file another version of the document that does not contain the private information or that contains only limited personal information.

Mail the original and required number of copies of your complaint to the Clerk of Court at the following address:

Clerk
U.S. District Court
Lockbox 18
844 N. King Street
Wilmington, DE 19801

- CASE-NUMBER- is
1:05-CV-739-
- JUDGE-SWE-ROBINSON

* This is A Copy of THE ORIGINAL Complaint
AND PLAINTIFF STATEMENT, AND GRIEVANCES
Enclosed!

(EXHIBIT)

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) CURTIS M. COLLINS STBI-314128
(Name of Plaintiff) (Inmate Number)

S.C.T. STATE PRISON P.O. Box 500
Zip 19947 (Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs. ET. ALL
(1) Rick KeARNEY (WARDEN)
(2) Sgt. JAMES CHANDLER
(3) BEREZINSKY
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

(Case Number)
(to be assigned by U.S. District Court)
1:05-CV-739

CIVIL COMPLAINT

• • Jury Trial Requested

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • ☒ Yes • • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • ☒ Yes • • No
- C. If your answer to "B" is Yes:

1. What steps did you take? I FILED INMATE GRIEVANCE

2. What was the result? NOT GRIEVANCEABLE AND REJECTED

- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant: RICK KEARNEY

Employed as WARDEN AT S.C.I. at STATE PRISON

Mailing address with zip code: P.O. BOX 500, GEORGETOWN-DEI

ZIP 19947

(2) Name of second defendant: S.G.T. JAME CHANDLER

Employed as CORRECTIONAL at STAFF S.G.T.

Mailing address with zip code: P.O. BOX 500 GEORGETOWN-DEI

(3) Name of third defendant: C/O BEREZINSKY

Employed as CORRECTIONAL at STAFF

Mailing address with zip code: P.O. BOX 500 GEORGETOWN-DEI

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. WARDEN THIS PERSON KNOWS HOW LORR STAFF
TREAT INMATES AND FULLY-AWARE HOW OFFICERS
ARE-KNOWING TO BEAT INMATE WITHOUT CAUSE
AS MANY CASES HAS HAPPENED IN THE PAST
(SGT) STOOD BY AS FELLOW OFFICERS, BEAT
2. INMATE DOWN WHILE IN HANDCUFFS AND
(SGT) DID NOTHING TO STOP INMATE FROM
GETTING BEAT UP BY FELLOW OFFICERS AND
BY DOING THIS (SGT) ALLOWED INMATE TO
RECEIVE UNNECESSARY INJURIES. C/O BEREZINSKY
3. PUNCHED ME IN MY FACE, KICKED ME TO THE
FLOOR, I HIT MY FACE ON THE HARD FLOOR AND
SUFFERED HIP AND NECK INJURIES ^{AND FRACTURED RIBS} ALL AWHILE WHEN
I WAS IN HANDCUFFS THEY BEAT ME UP
FOR NO REASON.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. INMATE WOULD LIKE TO SEE THE DEFENDANT
PROPERLY SANCTION FOR WHAT THEY DID. ALSO
THE PLAINTIFF IS SEEKING MONEY IN THE
SUM OF 500,000 THOUSAND DOLLARS, FOR PAIN
AND SUFFERING AND MENTAL DISTRESS. MEDICAL
NEGLECT BECAUSE MEDICAL REFUSE TO TREAT ME
FOR MY INJURIES.

2. I Fear For my Safety That with fileing
this complaint, I place my Self in Danger
or Retaliation for Filing Said complaint I
ask the Courts if anything happens to me
I ask the courts to put this on Record
IN CASE Should something happen to me.
3. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10 day of 18, 2005

Curtis Wells
(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

Curtis Collins

Plaintiff

V.

Warden Rick Kearney

Defendant(s)

Et. Al

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 1:05-CV-739

I, Curtis Collins declare that I am the (check appropriate box)

• • Petitioner Plaintiff Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • Yes • No (If "No" go to Question 2)

If "YES" state the place of your incarceration Georgetown, DE SCI

Inmate Identification Number (Required): SCI # 314128

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • • Yes • No
- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.
- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.
3. In the past 12 twelve months have you received any money from any of the following sources?
- | | | |
|---|---------|-------------|
| a. Business, profession or other self-employment | • • Yes | • <u>No</u> |
| b. Rent payments, interest or dividends | • • Yes | • <u>No</u> |
| c. Pensions, annuities or life insurance payments | • • Yes | • <u>No</u> |
| d. Disability or workers compensation payments | • • Yes | • <u>No</u> |
| e. Gifts or inheritances | • • Yes | • <u>No</u> |
| f. Any other sources | • • Yes | • <u>No</u> |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes

• • No

If "Yes" state the total amount \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• • No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

N/A

I declare under penalty of perjury that the above information is true and correct.

10-18-05
DATE

Curtis Collins
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

United State District Court District
of Delaware

CURTIS COLLINS

VS.

Civil - Action

1983 Form - Complaint

Continued.

Warden Et. All
Defendants

1. RICK KEARNEY
2. SGT. JAMES CHANDLER
3. Berezinsky

4.

Civil Action ON Above Defendants

Now comes the Above plaintiff with the complaint
AT HAND ON 8-6-05 plaintiff did recieve UNNECESSARY
injuries during Breakfast. The plaintiff ASKED A couple
OF inmates to slide down the trays so plaintiff
could sit down. Where as officer (Berezinsky) reacted
IN A Very unprofessional manner by USING Profanity
stating shut the "F" ~~***~~ up and throw your "f, ing"
tray (food) Away. The plaintiff asked officer why did
He had to throw plaintiffs food tray Away? Now the
Plaintiff understands and knows that there is
NO talking in the chow hall. However if officers
was doing their jobs and to make sure that
there was eight (8) people to A table the plaintiff
would NOT have opened his mouth in the chow

(2)

At said table, Therefore officer wrongly Accused The plaintiff of talking. Office Approaches the plaintiff in A Very unProfessional manner And made plaintiff throw his food tray Away. So plaintiff obeyed the direct order, to throw his tray away. Then plaintiff Approaches Sgt James Chandler in a respectfull manner and asked why the plaintiff couldn't finish his meal. So Seargant Chandler did not respond to plaintiff because he did not want to go Against his officers. AS plaintiff was Speaking to the Sgt, C/O Berezinsky became very perturb because plaintiff was talking to the Sgt about what was transpiring. So AS plaintiff was leaving the chow hall office Berezinsky said something smart to plaintiff. AS plaintiff turns Around in the chow hall to face C/O Berezinsky to hear what he had to say. He came running towards plaintiff in the chow hall. AS plaintiff stood still, he The C/O punched the plaintiff in his face, While others (officers) assisted C/O milligan and C/O Daisey. And to the best of my knowledge C/O Irvin Johnson, They pushed the plaintiff out of the chow hall and slammed plaintiff up against the wall near the Grievance Box And they had me in a hand cuffed position And I did not resist at any given time. Then they Slammed the plaintiff to the floor Using Brutal force. And then I was Apprehended then they ^{THE} castronned plaintiff

③

TWICE WITH 2 CANS OF SPRAY AND proceed to punch AND kick plaintiff which made no sense because plaintiff was no threat, At this time plaintiff was in hand cuffs and then they took plaintiff to ASDA Holding cell and At that time they denied plaintiff medical Attention, which I know I needed because such pain in my Rib Area, After complaining About my pain They Brought a nurse that was short, and mean to ASDA Holding cell, which she did not examine plaintiff at all. She said nothing was wrong with plaintiff. Then they placed plaintiff in ASDA 1. AND plaintiff went approximately Forty Seven (47) days Before receiving medical Attention. upon receiving medical Attention I had exrays taken, which indicated I had fractured Ribs and ALSO had several witnesses that will verify all of this happened to plaintiff. The plaintiff filed many Inmate Grievance Forms that were denied. Therefore there is no inhouse Remedies left. The plaintiff has recieved no help in finding resolve with this complaint. The plaintiff comes to this Honorable court for help, In seeking restitution for pain and suffering and mental distress, Plaintiff is also seeking some form of disciplinary actions against the officers that are involved. The plaintiff is also seeking damages as for pain and suffering in the sum of \$500,000 dollars, Not only has the Plaintiff suffering unnecessary injuries such as fractured Ribs a Bloody lip and was kicked

(4)

Several times and plaintiff has injured wrist, AND was Beat up while handcuffed and Also is having eye trouble from pepper spray AND to this very day. The plaintiff's pain from the above injuries during Correctional Staff Beating up on the plaintiff. This Alone is inviolation of the plaintiff Eighth (8) Ammendments' Rights as for cruel and UNUSUAL punishment. This Alone is UNCONDITIONAL and UNPROFESSIONAL on their part.

THE PLAINTIFF HAS FILED A NUMBER OF INHOUSE COMPLAINTS AS FOR THE FOLLOWING INMATE GRIEVANCES

1. EXHIB - A

Inmate Grievance filed on AUG. 8, 2005 3 PAGES NO ACTION TAKEN AND OR DENIED AS FOR 4.4 GRIEVANCE WILL NOT PLACE DISCIPLINARY ACTION AGAINST ANY STAFF.

2. EXHIB - B

PLAINTIFF FILED ANOTHER INMATE GRIEVANCE AND IS SEEKING SOME FORM RESTITUTION IN THE AMOUNT OF \$500,000 DOLLARS AND SOME FORM OF DISCIPLINARY ACTION TO THOSE THAT CAUSED PLAINTIFF BODILY HARM. THIS GRIEVANCE WAS ALSO DENIED ON 10-17 / 2005. AND THEREFORE THE PLAINTIFF HAS NO OTHER CHOICE BUT TO BRING THIS TO THE COURTS TO HAVE THIS COMPLAINT ADDRESSED AS SOON AS POSSIBLE.

EXIB — A

FORM #584

GRIEVANCE FORM

RECEIVED

AUG 08 2005

SCI GRIEVANCE CHAIRMAN

FACILITY: S.C.IDATE: 8-6-05GRIEVANT'S NAME: Curtis CollinsSBI#: 3-1-4-1-2-8CASE#: 16024TIME OF INCIDENT: 5:30 AMHOUSING UNIT: MSB - ASDA

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

On the above date, and time, I inmate Collins was ^{lying} sitting at the table in the MSB Chow hall, and I then ask another inmate to slide his tray down, officer Barrett ^{to sit} told me to "shut the fuck up, and throw my tray away," then I tried to explain to him what I said to the other inmate. Officer Barrett then said, "just throw your tray away and get the fuck out."

⇒ cont.

ACTION REQUESTED BY GRIEVANT: _____

GRIEVANT'S SIGNATURE: _____

DATE: _____

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

FORM #584

GRIEVANCE FORM

FACILITY: _____ DATE: _____

GRIEVANT'S NAME: _____ SBI#: _____

CASE#: _____ TIME OF INCIDENT: _____

HOUSING UNIT: _____

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Officer ^{Bercowski} ~~Bercowski~~ was being very unprofessional about it, so I threw my tray away, and proceeded to walk away, and told him he didn't need to speak to me that way, he then ran towards me, and I stood still and he threw a punch at ^{my arm} me, and push me outside of the chow hall near the grievance boxes along with a couple of other C/O's threw me to the floor and proceeded to punch and kick me.

cont. →

 ACTION REQUESTED BY GRIEVANT: _____

GRIEVANT'S SIGNATURE: _____ DATE: _____

WAS AN INFORMAL RESOLUTION ACCEPTED? _____(YES) _____(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

FORM #584

GRIEVANCE FORM

FACILITY: _____ DATE: _____

GRIEVANT'S NAME: _____ SBI#: _____

CASE#: _____ TIME OF INCIDENT: _____

HOUSING UNIT: _____

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

Then when I was handcuffed they sprayed me, and still commenced to punching and kicking me, and they put me in the asda area holding cell and push me around some more. Then the nurse came and they refused me medical treatment, and I told them my ribs were broke, and the nurse told me stop crying like a little bitch.

ACTION REQUESTED BY GRIEVANT: I would ask for all the officers involved be reprimanded as well as Sgt. James Chandler cause he watched it go down

GRIEVANT'S SIGNATURE

Curtis Collins

DATE:

86-05

WAS AN INFORMAL RESOLUTION ACCEPTED?

(YES)

X (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

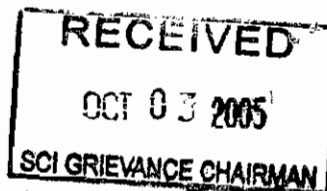
DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

FORM #584

GRIEVANCE FORM

FACILITY: S.C.I.DATE: 9-30-05GRIEVANT'S NAME: CURTIS COLLINSSBI#: 314128CASE#: 18132TIME OF INCIDENT: ONGOING ISSUESHOUSING UNIT: M.S.D. ISLAND-1 CELL-10

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

THE ABOVE INMATE IS SEEKING THE FOLLOWING ON-8-6-05-
I WAS ASSAULTED BY FOUR OFFICERS, THAT ARE EMPLOYEES
OF S.C.I. STATE PRISON INMATE DID, RECEIVED INJURY'S
AND IS SEEKING PAYMENT FOR UNNECESSARY PAIN
AND SUFFERING INMATE RECEIVED BROKEN RIB'S
EYE TROUBLE FROM PEPPER SPRAY, OFFICER REPEATEDLY
TO PUNCH AND KICK INMATE WHILE HE WAS DOWN
ON THE GROUND, HANDCUFF

ACTION REQUESTED BY GRIEVANT: INMATE IS SEEKING 5000.00 THOUSAND
DOLLARS FOR PAIN AND SUFFERING INMATE IS
ALSO SEEKING INMATE SOME FORM SOME DISCIPLINARY
ACTION TO THOSE THAT ARE INVOLVED

GRIEVANT'S SIGNATURE: C.C.

DATE: _____

WAS AN INFORMAL RESOLUTION ACCEPTED?

_____(YES)

_____(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
 GRIEVANT

PAGE 9

THE PLAINTIFF HAS ALSO FILED A NUMBER OF COMPLAINTS WITH THE FOLLOWING PEOPLE BELOW.

1. Filed Letter on 10-7-05 TO THE DEPUTY WARDEN OFFICE THE PLAINTIFF HAS YET TO GET ANY FORM OF REPLY ON THIS MATTER.
2. THE PLAINTIFF HAS ALSO FILED A COMPLAINT TO THE GOVERNOR OFFICE ON 10-9-05 TO (RUTH ANN MINNER) TO SEEK SOME FORM OF ACTION AND OR HELP WITH THIS ON GOING COMPLAINT.
3. THE PLAINTIFF ALSO FILED A COMPLAINT WITH (I.A.F.) INTERNAL AFFAIRS OFFICE ON 10-9-05 TO SEEK HELP IN GETTING SOME FORM OF ACTION TO THOSE THAT PLACE THE PLAINTIFF IN HARMS WAY BY LETTING FELLOW OFFICERS BEAT AN INMATE UP FOR NO REASON AND UNJUSTLY.
4. ALSO THE PLAINTIFF FILED A COMPLAINT TO THE DEPT. OF JUSTICE ON 10-9-05 IN GEORGETOWN DE. 19947 ALL THE ABOVE COMPLAINTS WERE FILED DUE TO THE FACT THAT S.C.I. PRISON, HAS SHOWN NO INTEREST NOR DOES ANY PRISON OFFICIAL WISH TO HELP THE PLAINTIFF RESOLVE THIS MATTER ALSO GRIEVANCE OFFICE REFUSE TO FORWARD THIS COMPLAINT TO THE WARDEN OFFICE.

CONCLUSION

THE PLAINTIFF Brings This COMPLAINT To THIS HONORABLE COURT And ASK To do An Investigation And To order A HEARING So That All PARTIES Involved Can Be Held ACCOUNTABLE For There ACTIONS. Also The PLAINTIFF IS seeking DAMAGES FOR Injuries He recieved during STAFF members UNFAIR And out of control ACTIONS TOWARDS PLAINTIFF.

THE PLAINTIFF ASK That This court will see to it That JUSTICE IS served And To GRANT The Fure Going motions And GRANT The PLAINTIFFS petition.

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CLERK OF COURTS,
CC: WARDEN, rick KEARNEY
SGT. JAMES CHANDLER
C/O. BEREZPINSKY
I/M CURTIS COLLINS

x Curtis Collins

DATE: / 2005